



# SCHNECK

## 2025 Junior Volunteer Application

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ **MAKE SURE YOUR VOICEMAIL IS SET UP**

**MOTHER'S INFORMATION** NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**FATHER'S INFORMATION** NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

### VOLUNTEER INFORMATION

SCHOOL ATTENDING & GRADE COMPLETING: \_\_\_\_\_

HAVE YOU VOLUNTEERED AT SCHNECK MEDICAL CENTER PREVIOUSLY?  YES  NO

IF YES, WHEN: \_\_\_\_\_

HAVE YOU VOLUNTEERED AT ANY OTHER SERVICE AGENCY OR CHURCH?  YES  NO

IF YES, WHERE AND WHEN: \_\_\_\_\_

PLEASE GIVE A BRIEF DESCRIPTION OF WHY YOU ARE INTERESTED IN VOLUNTEERING AT SCHNECK MEDICAL CENTER: \_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions completely. Your answers in the next section will determine the schedule you are assigned, which will be distributed at the mandatory orientation. Once this schedule is complete, it will be difficult to make adjustments, and may result in not having a volunteer position available.**

WHICH DAY OF THE WEEK DO YOU PREFER? \_\_\_\_\_ Time:  8-12  12-4

WHICH DAY IS YOUR SECOND CHOICE? \_\_\_\_\_ Time:  8-12  12-4

WHAT AREA OF INTEREST DO YOU HAVE IN THE MEDICAL FIELD? \_\_\_\_\_

We will need a copy of your vaccination record we can keep, even if you have been a junior volunteer in the past. We will be checking to make sure you have had all series for Hepatitis B, Varicella, and MMR. You will be required to have **two** tuberculin skin tests (TSTs). The first test will be May 20 between 5-7 pm when you drop off your application information at Classroom 500 in the Schneck Professional Building (park in the parking garage and enter the building on Level 5). The test must be read May 23 between 9am-12pm at WellLife, 100 N. Walnut Street. The second test will be during the mandatory orientation on May 30 from 1-3pm at Classroom 500 in the Schneck Professional Building, and must be read on June 2 between 9am-1pm at WellLife.

**Please use the following checklist to make sure you have everything filled out properly and included in the application packet when you bring it on May 20. You will not be eligible for the program if you do not have all paperwork complete and turned in that evening.**

Application Form	
Letter of Recommendation	
Parent's Agreement	
Vaccination Record Copy that we can keep (even if you have volunteered in the past)	
All signatures complete	

\_\_\_\_\_  
JUNIOR VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

BY SIGNING BELOW, I GIVE CONSENT FOR MY SON/DAUGHTER TO RECEIVE THE REQUIRED TUBERCULIN SKIN TESTS AND VALIDATING ANY OF THE ABOVE INFORMATION TO BE TRUE.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Please contact Amy Hatton, Volunteer Manager, by calling (812) 522-0439 or email [ahatton@schneckmed.org](mailto:ahatton@schneckmed.org) if you have any questions. Thank you for following our guidelines.

**RETURN THIS APPLICATION AND ALL REQUIRED DOCUMENTS TUESDAY, MAY 20 IN SCHNECK PROFESSIONAL BUILDING CLASSROOM 500 AT SCHNECK MEDICAL CENTER ANYTIME BETWEEN 5PM AND 7PM,** where you will receive your first TST test. You may park in the parking garage and enter the building on Level 5.



## JUNIOR VOLUNTEER PROGRAM

### PARENT AGREEMENT

I give my permission for my legal dependent \_\_\_\_\_ to participate in the Junior Volunteer Program at Schneck Medical Center. I realize the responsibilities of the organization, and will cooperate with my legal dependent to comply with the rules and regulations which have been adopted. I will see that the times he/she is scheduled to work are kept free of interfering activities if possible, and will assume responsibility for their transportation.

My legal dependent's health is such that I feel they are physically able to fulfill the obligations of volunteer service. I understand that in the course of their duties, he/she will enter patient areas of the hospital.

In consideration of the opportunities extended to my legal dependent under the Junior Volunteer Program, I hereby release, remit, discharge, and relieve Schneck Medical Center from any and all claims of whatever nature on behalf of my legal dependent, arising out of and as a result of his/her service at Schneck Medical Center.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### JUNIOR VOLUNTEER AGREEMENT

As a Junior Volunteer, I agree to serve regularly each week at Schneck Medical Center and to abide by the rules and regulations which have been adopted. I agree to be courteous and dependable at all times, and to perform faithfully to the best of my ability all duties which are assigned to me.

\_\_\_\_\_  
Junior Volunteer Signature

\_\_\_\_\_  
Date

**Return this signed form with your application on May 20, 2025.**